

<b>Case Number:</b>	CM14-0089549		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/20/2003
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old female who sustained an injury on 05/20/03 while holding boxes and attempting to open a door. When the door opened, the injured worker fell back with the boxes. The injured worker was followed for continuing complaints of right shoulder pain as well as left shoulder pain. The injured worker is noted to have had prior shoulder surgery as well as injections for the left shoulder. The injured worker also received injections for the right shoulder, which provided temporary benefit only. Medications had included the use of Norco as well as topical Medrox patches. The injured worker reported that these medications were improving her overall function and decreasing pain. The injured worker denied any side effects from medications. The injured worker had been continually recommended for further surgical intervention for the right shoulder. The injured worker was seen on 05/08/14 with continuing complaints of pain in the bilateral shoulders. On physical examination, there was limited range of motion in the shoulders bilaterally with tenderness to palpation over the acromioclavicular joint as well as the biceps tendon. A positive cross arm sign was noted; however, no impingement signs were present. No focal weakness was identified in the bilateral shoulders. Follow up on 06/19/14 noted no significant change in the injured worker's bilateral shoulder complaints. Physical examination findings were also relatively unchanged with the exception of some weakness noted on internal rotation in the left and right shoulders. The injured worker was again recommended for a potential surgical intervention for the right shoulder. The requested Hydrocodone 10/325 milligrams, quantity 120, LidoPro topical ointment four ounces, and hardware removal with exploration of lumbar fusion at L5-S1 were all denied in the pre-certification process on 06/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Hydrocodone 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (CRITERIA FOR USE) Page(s): 88-89.

**Decision rationale:** In regards to the request for Hydrocodone 10/325 milligrams, #120, this medication is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The ongoing use of short acting narcotics can be considered an option for injured workers with moderate to severe musculoskeletal complaints. Per guidelines, there should be ongoing assessments establishing the continuing functional benefit and pain reduction obtained with the use of a short acting narcotic. In this case, there is no clear indication of any significant pain reduction or functional improvement with the continued use of Norco. The injured worker has been continually recommended for surgical intervention, which does not appear to be scheduled at this point in time. Given the lack of any clear indications regarding the efficacy of Hydrocodone at this point in time, is not medically necessary.

**Lido Pro Topical Ointment 4oz.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** In regards to the request for LidoPro topical ointment, this request is not medically necessary. The primary component of LidoPro is Lidocaine. Per guidelines, this medication can be considered an option in the treatment of neuropathic symptoms that have failed standard conservative efforts to include the use of oral anticonvulsants or antidepressants. In this case, there is no documentation regarding any particular neuropathic findings in either the upper or the lower extremities. There is no indication that the injured worker was unable to tolerate or had failed other first line medications for neuropathic pain such as anticonvulsants or antidepressants. Therefore, this request is not medically necessary.

**Hardware removal and exploration of fusion L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12 Edition (web) 2014 Low Back, Hardware Implant Removal (Fixation).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Removal.

**Decision rationale:** In regards to the request for hardware removal and exploration of the lumbar fusion at L5-S1, this reviewer would not have recommended this request as medically appropriate or necessary. The clinical documentation submitted for review discussed the injured worker's upper extremity complaints at the shoulders; however, there was no updated information for this injured worker regarding concerns for a previous lumbar fusion at L5-S1 that would reasonably require exploration or hardware removal. There is no documentation regarding lumbar hardware blocks, which would be recommended by guidelines before considering removal of preexisting hardware. Overall, there is insufficient clinical documentation to establish the medical necessity for the request.